

## **Application Form for Taught Postgraduate Courses**

(Please read the accompanying notes before completing this form)

Course(s) for which you wish to apply  Please tick the mode of attendance for which you are applying  Full-time  Distance Learning (where available)  Part-time  Stand alone module(s) as an Associate student				
Family Name	Forenames			
Please quote this name in all correspondence				
Previous Family Name	Family Name at age 16			
Date of birth	Male/Female Title: Dr Mrs Ms Mr Miss			
Legal Nationality	Country of birth			
Date first entered EU (if applicable)	Date granted residence in EU (if applicable)			
Home/EU students - please give details of any periods spent	t outside the UK/EU			
Please see enclosed sheet for codes for the following  Ethnicity  Disabled  Disability  If you would like to be contacted to discuss any special needs that you may have please tick box.				
2 Address for correspondence	Permanent Home Address (if different)			
Postcode	Postcode			
Telephone No.	Telephone No.			
Email address				
Mobile No.	Fax number			
3 Have you previously submitted an application to the If YES, please state the year of application and the course for				
4 How did you first hear about the course for which you are now applying?				

5 Language Pr	5 Language Proficiency					
Is English your first language?						
If English is not your first language please provide details of any English language qualifications you have and attach copies of certificates. If you do not hold a recent, acceptable English language qualification you would be required to obtain one as a condition of offer.						
6 Secondary Education Include details of all examinations taken, whether passed or failed, in chronological order.						
Date (month and year taken)	Subject	Examining Body	Level (eg H/AS/A/CSYS)	Results (Grade/Band)		
7 Post-School Education						
Date	Institution Attended Qualification/Award Obtained or Expected		d or Expected			
If you undertook an Honours project briefly describe the project / topic:						
8 Professional	Qualifications					
Date	Institution Attended	Qualification	on/Award Obtaine	d or Expected		

9 Employment Enter periods of employment in chronological order					
Present Post					
Employer	Title and Descrip	otion of Post Held	Dates (Month/Year) From To		
Employer	Title and Descrip	otion of Post Held	Dates (Month/Year) From To		
40 Peferrance					
10 References (see instructions attached)					
First Referee		Second Referee			
Name —		Name —			
Position —		Position —			
Address —		Address ———			
Telephone/Fax No		Telephone/Fax No			
Email ————————————————————————————————————		Email			
11 Fees Who is expected to pay your fees? Tick the a Please give the name and address of sponso where appropriate		Yourself Yourself	our employer		
Name —		Address —			
Telephone No					
Email ————					

12 Personal Statement and Other Information Please give a brief description (no longer than 500 words) of your present post (if relevant) and what you hope to gain from the course for which you are applying. Use may also use this section to add any other information which you feel may be relevant to your application. For example, you may wish to say something about why you have chosen the course for which you are applying, or why you want to come to Queen Margaret University, or your career intentions after obtaining your chosen qualification. Continue on a seperate sheet if necessary.			
Declaration of Criminal Conviction  Do you have any criminal convictions?			
Yes No No No nlosse road the accompanying notes of guidance			
If yes, please read the accompanying notes of guidance.			
To the best of my knowledge, the information given in this form is correct and complete. If I am admitted to a course at Queen Margaret University I undertake to observe the University regulations and ensure the payment of fees and other liabilities. I give my consent to the processing of my data by QMU in line with the Data Protection Act 1998.			
Signature of Applicant	Date		
When completed, please return this form to:			
UK/EU Students	International/Non-EU Students		
Admissions Office Queen Margaret University	Recruitment and International Liaison Office Queen Margaret University		
Queen Margaret University Drive Edinburgh	Queen Margaret University Drive Edinburgh		
EH21 6UU	EH21 6ŬU		
I have:			
☐ Completed all sections ☐	Enclosed two references Enclosed copies of degree transcripts AND certificates		